Public Meeting of the Inter Tribal Council, in Association With the Meeting of the Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Hanford Health Effects Subcommittee

The Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: Public Meeting of the Inter Tribal Council (ITC), in association with the meeting of the Citizen Advisory Committee on Public Health Service Activities and Research at DOE Sites: Hanford Health Effects Subcommittee (HHES).

Time and Date: 9 a.m.–4:30 p.m., September 27, 1995.

Location: Holiday Inn Boise/Airport, 3300 Vista Avenue, Boise, Idaho 83705, telephone 208/344–8365, FAX 208/343–9635.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Background: A Memorandum of Understanding (MOU) was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other public-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

In addition, under an MOU signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS delegated program responsibility to CDC.

Community involvement is a critical part of ATSDR's and CDC's energy-related research and activities and input from members of the ITC is part of these efforts. The ITC will work with HHES to provide input on Native American health effects at the Hanford, Washington site.

Purpose: The purpose of this meeting of the ITC is to discuss issues that are unique to tribal involvement with HHES including considerations regarding a proposed medical monitoring program and explorations of options and alternatives to providing support for tribal involvement in HHES.

Matters To Be Discussed: Agenda items will include dialogue pertaining to issues unique to tribal involvement with HHES. This will include an update on the status of ATSDR's draft policy on establishing government-to-government relations with the nine affected tribes as sovereign nations, and exploring options and alternatives to providing support for tribal participation in HHES.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Linda A. Carnes, Health Council Advisor, ATSDR, E–28, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/639–0730, FAX/639–0759.

Dated: September 6, 1995.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).0

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Centers for Disease Control and Prevention

[INFO–95–03]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request study materials on the proposed project, call the CDC Reports Clearance Officer on (404) 639–3453.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Evaluation of the ''WomanKind: Support Systems NS for Battered Women'' Project in Minnesota—New—The Division of Violence Prevention at CDC has been directed to work to increase physicians' and other health care providers' ability to identify and attend to the needs of victims of domestic violence. WomanKind strives to: (1) increase health care providers' capacity and motivation to identify and refer battered women to WomanKind advocates from several hospital departments, (2) facilitate clients' decisions to alter their circumstances, and (3) work with clients to identify and access existing community services that provide practical support in developing and implementing a plan for change.

This program is in operation at three hospitals in the Minneapolis area. Three similar hospitals will be included as comparison sites. The evaluation is being conducted to determine the extent to which the objectives listed above are achieved and to identify the integration and level of contribution made by each specific program element. These data are specific to the project in Minnesota. Specific outcomes include examining health care providers and WomanKind advocates knowledge, attitudes, motivations, and skills, and the ability to successfully diagnose, manage, refer, and otherwise assist female victims of intimate partner violence. Client's satisfaction with services, number of repeat contacts with WomanKind, and (perhaps) their use of community services will be considered, as well. An examination of materials, implementation process and the potential for this program to be used in other settings are additional components of the evaluation study. If proven effective, this program could be used with other domestic violence prevention strategies to reduce the incidence of domestic violence.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Hospital Staff KABB Survey—Census 1 and 6 month and year	950	3	.17
Hospital Staff KABB Survey—Trainees Immediate Post-test	250	1	.17

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Volunteer Advocate KABB Survey	30	4	.17
Womankind Client KABB Survey	450	4	.25
Control Client KABB Survey	200	4	.25
Hospital Staff Training Evaluation	250	1	.08
Volunteer Advocate Training Evaluation	30	6	.08
Hospital Staff Trainer Evaluation	250	1	.08
Volunteer Trainer Evaluation	30	6	.08

2. Symptom and Disease Prevalence Questionnaire and Supplemental Modules (0923–0012)—Revised—A three-year extension will be requested to this information collection to continue to conduct health studies among populations living near hazardous waste sites and potentially exposed to hazardous substances in order for ATSDR and our cooperative investigators to evaluate the association between exposure to hazardous substances and adverse health effects. The core questionnaire will be slightly revised to provide improved flow and respondent understanding. In these investigations, data on the prevalence of a range of symptoms and diseases suspected are collected. Much of the information is specific to certain organ systems, suspected to be at risk based on the contaminants and pathways of exposure present at each site; thus, organ-specific questionnaires are used in conjunction with the core questionnaire for the corresponding organ systems identified for each site. The results may identify specific public health concerns requiring further investigation or the may calm unsubstantiated fears concerning the perceived health impact of a site. Although these studies are designed to be site specific, the results of a number of similar studies may be combined to provide ATSDR with some broader measure of the public health impact of certain of these sites and conditions. Door-to-door canvassing will serve to census the areas; personal interviews will also be used for collecting information from the respondents.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Individuals Completing Core	3500	1	.75
Individuals Completing Supplement	3500	1	.25

3. A CLIA Comprehension Survey and Information Program for Physicians—New—The purpose of this contract is to enable the Centers for Disease Control and Prevention (CDC) to assess the depth and accuracy of the knowledge base of clinicians regarding the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) regulations as they relate to physicians office laboratories (POLs), and to provide specific information and training to practitioners based on this assessment. In 1990, CDC was designated by the Department of Health and Human Services to assist in the implementation of CLIA '88; this project is a direct response to that mandate.

Through contact with the laboratory and physician communities, CDC has become aware of gaps in information and understanding about the CLIA '88 regulations, especially as they relate to physicians office laboratories. Misconceptions regarding the CLIA '88 regulations in the community may be impeding successful implementation of the regulations and causing unnecessary and inappropriate responses in POL testing sites. Therefore, CDC is proposing a survey of practicing physicians to assess the depth and accuracy of the knowledge base of clinicians regarding the CLIA '88 regulations as they relate to POLs, and to provide specific information and training to practitioners based on this assessment.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Laboratories	5250	1	.2

4. Project BEGIN—New—Project BEGIN is a randomized controlled study to evaluate the effectiveness of an early intervention program for children from birth to three years of age.

The intervention consists of four components: home visits; attendance at a child development center; parent groups; and facilitation of access to a comprehensive array of health and social services. The intervention program is hypothesized to promote optimal childhood development (e.g., cognitive, behavioral, social) and family functioning, and result in better long-term social outcomes, including improved school performance, lower rates of criminal behavior, better employment history, and more stable families.

The study will be conducted at 10 sites across the country. Each site will enroll 32 children, randomly assigned to either the intervention or the comparison arm of the study.

The purpose of the study is to gather data for studying delivery of community intensive and comprehensive early intervention models; benefit to the children enrolled and their families of interventions, and the impact of benefits on subgroups of children.

Respondents will be the children and their parents recruited into both the intervention and comparison arms of the study. Standardized assessment instruments will be used to assess the developmental status of the children. In-person interviews, mostly using standard instruments, will be used to collect data from parents. Data collection will be on-going throughout the study. Data will be used in two ways: to assess the effectiveness of the intervention; and to document and evaluate the quality of intervention delivery.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Children	320	4	4
Care Giver ..	640	1	1

Dated: September 6, 1995.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

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[Announcement 602]

Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1996 funds for the Public Health Conference Support Cooperative Agreement Program for Human Immunodeficiency Virus (HIV) Prevention. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of HIV Infection. (To order a copy of ''Healthy People 2000'' or CDC's ''Strategic Plan for Preventing Human Immunodeficiency Virus (HIV) Infection'' (July 8, 1992), see the Section ''Where to Obtain Additional Information.'')

Authority

This program is authorized under sections 301 (42 U.S.C. 241) and 310 (42 ′U.S.C. 242n) of the Public Health Service Act, as amended. Applicable program regulations are found in 42 CFR part 52—Grants for Research Projects.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are non-governmental, nonprofit and for-profit organizations. Thus, universities, colleges, research institutions, hospitals, other public and private (e.g., national, regional) organizations, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- or women-owned businesses are eligible for these cooperative agreements. Current recipients of CDC HIV funding must provide the award number and title of the program (see the Section ''Program Requirements, C. Letter of Intent'').

Availability of Funds

Up to $250,000 may be available in FY 1996 to fund approximately 10 to 15 awards. The awards will average $20,000 and will be funded for a 12-month budget and project period. The funding estimate may vary and is subject to change, based on availability of funds. Awards will initially be made on a contingency basis as described in the Purpose section.

The following are examples of the most frequently encountered costs that may or may not be charged to the cooperative agreement:

1. As approved, CDC funds may be used for direct cost expenditures: salaries, speaker fees, rental of conference related equipment, registration fees, and transportation cost (not to exceed economy class fares) for non-Federal employees.

2. CDC funds may not be used for the purchase of equipment, payments of honoraria, organizational dues, entertainment or personal expenses, cost of travel and payment of a full-time Federal employee, or per diem or expenses, other than mileage, for local participants.

3. CDC funds may not be used for reimbursement of indirect costs.

4. Although the practice of handing out novelty items at meetings is often employed in the private sector to provide participants with souvenirs, Federal funds may not be used for this purpose.

5. CDC funds may be used for only those parts of the conference specifically supported by CDC as documented in the Notice of Cooperative Agreement (award document).

Recipient Financial Participation

Part of the cost of the proposed conference must be funded by other than CDC funds.

Purpose

The purpose of the HIV prevention conference support cooperative agreement is to provide partial support for non-Federal conferences or specified portions of non-Federal conferences to stimulate efforts to prevent the transmission of HIV. CDC will collaborate on conferences that specifically focus on preventing HIV transmission. Because conference support by CDC creates the appearance of CDC co-sponsorship, CDC will actively participate in the development and approval of those portions of the agenda supported by CDC funds. Contingency awards will be made allowing usage of only 25% of the total amount to be awarded until a final full agenda is approved by CDC. This will provide funds for costs associated with preparation of the agenda. The remainder of funds will be released only upon acceptance of the final full agenda. CDC reserves the right to terminate co-sponsorship if it does not approve the final agenda.

Program Requirements

CDC will provide support for conferences that are:

1. Regional (more than one State), national, or international in scope;

2. Targeted to professionals contributing to HIV prevention efforts; and

3. Focused on the transfer of HIV prevention research and evaluation findings to intervention efforts or the application of these prevention efforts to service providers and health professionals who provide service to individuals whose behaviors place them at increased risk for HIV infection.

Topics concerned with issues and areas other than HIV prevention should be directed to other public health agencies or in accordance with current **Federal Register** Notices (see **Federal Register** Notice 600, April 20, 1995, 60 FR 19750).

The activities related to the development of HIV prevention conferences require substantial CDC collaboration and involvement. In conducting activities to achieve the purpose of the program, the recipient shall be responsible for conducting activities listed in section A., and CDC will be responsible for conducting activities listed in section B.:

A. Recipient Activities

1. Manage all activities related to program content (e.g., objectives, topics, participants, session design, workshops, special exhibits, speakers, fees, agenda composition, and printing). Many of